



Quarterly Visual Monitoring Form Multi-Sector GP-0-17-004

All facilities covered under the MSGP must perform Quarterly Visual Monitoring. Please see the permit Part IV.E for additional requirements. This form is part of the facilities records and should be retained onsite with the facility's Stormwater Pollution Prevention Plan. Please do not submit this form to the Department.

SPDES ID Number [grid] Facility Name [grid]

Outfall Number [grid] Examiner's Name [grid] Examiner's Title [grid]

Quarter/Year [grid] Rainfall Amount [grid] Qualifying Storm? [radio] Runoff Source? [radio]

Date/Time Collected [grid] AM / PM Date/Time Examined [grid] AM / PM

1. Does the stormwater appear to be colored? [radio] Yes [radio] No

If yes, describe

[Large empty box for description]

2. Is the stormwater clear or transparent? [radio] Yes [radio] No

If yes, which of the following best describes the clarity of the stormwater: [radio] Clear [radio] Milky [radio] Opaque

3. Can you see a rainbow sheen effect on the water surface?..... [radio] Yes [radio] No

If yes, which best describes the sheen?..... [radio] Rainbow Sheen [radio] Floating Oil Globules

4. Does the sample have an odor? [radio] Yes [radio] No

If yes, describe

[Large empty box for description]

5. Is there something floating on the surface of the sample? Yes No

If yes, describe

6. Is there something suspended in the water column of the sample? Yes No

If yes, describe

7. Is there something settled on the bottom of the sample?..... Yes No

If yes, describe

8. Is there foam or material forming on the top of the sample surface?..... Yes No

If yes, describe

Detail any concerns, corrective actions taken and any other indicators of pollution present in the sample:

Stormwater Examiner's Signature